

MEMO

To: David Seltz, Executive Director Health Policy Commission, Commonwealth of Massachusetts
From: Dorothy McCabe, RN MSN and Mary Crotty, BSN JD Massachusetts Nurses Association
Date: April 4, 2014
Re: Comments on HPC Patient-Centered Home Proposed Criteria

The Massachusetts Nurses Association applauds the ongoing efforts by the Commonwealth of Massachusetts to lead the nation in improving access and quality of care while attempting to address value and cost issues.

Our conception of Medical Home is that it is meant to standardize the best that primary care offers patients, and in doing so foster the expansion of care which is truly patient centered and holistic while also addressing individual patients requirements. The value of the Registered Nurse in efforts to integrate care, increase accessibility to care, address personal health care needs, build sustained medical home/practice partnerships with patients and provide care appropriate for the family and community has been recognized and encouraged by the Institute of Medicine (IOM, 1996).¹

We encourage the Health Policy Commission to support the development of innovative Medical Home models which recognize the value of the professional training, experience, abilities and patient-centered focus of the Registered Nurse², and to support the appropriate and expanded use of RN staffing to address the goals expressed in these standards.

Regarding the specific proposed standards:

Care Coordination standard: We encourage the appropriate utilization of caregivers including the Registered Nurse and the provision of seamless transitions of care. We encourage consideration of personal assistance for inquiries and prescription refills for those who require it (beyond electronic, website, email systems).

Enhanced access & communication standard: We urge the requirement of immediate/advance transfer of information as part of care transition management, which historically has been the most problematic gap area where mistakes and omissions are most likely to occur.

Integrated Clinical Care Management standard: While the obvious goal is care in the community and at home, requiring an emphasis on prevention, MNA feels equally strongly that appropriate acute resources be available to address patients with behavioral and substance abuse needs. We advocate for an appropriate allocation of resources to address mental health and substance abuse need, which are often so closely correlated with physical health problems.

Population Health Management standard: Our caution is that in the move toward improved understanding of population health issues and solutions, care be given to continue to assure that resources are available to address individual, less common health problems. That is, while systems to address the needs of special high risk populations or conditions (diabetes, obesity) are important, the specific needs of individual patients must also be diligently addressed.

Data Systems/Performance Measurement standard: We expect that the eventual target would be 100% (rather than 50%) compliance with lab/radiology orders in EMR as structured data.

Resource Stewardship standard: In the requiring of adoption of the American Board of Internal Medicine's (ABIM) *Choosing Wisely Initiative*, MNA cautions that the Health Policy Commission assure that there not be an overemphasis placed on addressing overutilization at the expense of underutilization problems. Severe care access issues continue to be a problem in the Commonwealth, with lengthy waits for both primary and specialty care, particularly in western Massachusetts where healthcare access has been degrading. In its efforts to address costs and scarcity of resources we urge the Health Policy Commission to continue to look at all of the drivers of cost, particularly the ongoing merger and acquisition activity driven by large hospitals and health systems, the resulting concentration of market power, the inevitable cost and price increases, and the polarized pattern of profitability and resources that result from these activities.

1. Institute of Medicine (1996). *Primary care: America's health in a new era*. Washington, DC: The National Academies Press.
2. "The Role of Nurses in Primary Care" (2010)., Tenth Annual Report to the Secretary of the United States, Department of Health and Human Services and the United States Congress by the National Advisory Council on Nurse Education and Practice (NACNEP) At http://www.hrsa.gov/advisorycommittees/bhpradvisory/nacnep/Reports/nacnepttenthreport_final_web.pdf